"WAR ON TERROR OR WAR OF TERROR?"

Meher Taj Roghani

Sandwiched between bullets and bacteria, children fleeing North Waziristan (NW) are paying an undue price. Worse than the National average of under 5 mortality rate (87.0 per 1000 live birth), population under 15 (35 %), Gender Equity Index (123 of 186) and female above 15 being illiterate (55 %), catastrophic epidemics can emerge in conflict affected North Waziristan IDPs. Being worse part of a country where major causes of high neonatal, infant and under-5 mortality rates are malnutrition, diarrhea, acute respiratory illness and other communicable vaccine prevented diseases,¹ what picture capture your mind thinking of the IDP camps?

Being a left out part of a country where incidence of tuberculosis is estimated at 231 per 100,000 per year, malaria cases ranging between 3 to 5 per 1,000,¹ polio being endemic, measles an emerging epidemic and dengue showing more extensive geographic and temporal spread, shouldn't this massive displacement worry us?

Where 34 % population is having depressive disorder and 2.5 % people having major disability¹ and 11 % population is taking some form of illicit drugs, forecasting the tipping point of HIV/ AIDS and Chronic Hepatitis epidemic, what impact would such poorly planned operations have on Public Health?

Poor sanitation and lack of clean water mean diarrheal diseases are still the 3rd biggest cause of mortality in children.¹ Displacement of Polio virus from this contained area across KP and transmission of T.B in congested IDP camps would have deleterious effects when these diseases would manifest.

Unusual circumstances warrant unusual steps. Two separate eye opening development are quoted here to understand flawed administrative and financial management in comparatively sound areas. On 23rd May 2014, The Sindh High Court directed provincial government to ensure availability of vaccination for Measles and Rubella, launch an effective wide-spread awareness campaign, and enhance monitoring system and to ensure vaccination via inclusion in school health services 2 (What prompted the court do that?). On 22nd June, mismanagement in elitist i.e. Islamabad Capital Territory making headings in news that "After a year-long delay due to un availability of funds, the health department of the ICT are set to launch 12 day measles supplemental immunization program targeting 250, 000 in the last week of august,"3 Building on these cases, what outcome could be expected in the .7 Million displaced people having prone children with them?

The science is clear and the signs are eminent. It's time to behave. Stretch the political architecture, bypass the bureaucratic redtapism, activate the economic engine, align the legal framework, appeal the social fabric, involve the gigantic media and involve the "Healers' community" to respond to this impending humanitarian crises. From our memories from Berlin where a bomber jet in World War II now named "Candy Bomber" for its unusual practice of dropping candies for Children in conflict areas need a replication here. There is a dire need to airlift vaccines, medical supplies and go for aerial insecticidal interventions to avert Dengue and Malaria in this mass displaced population.

This editorial is nothing but an appeal to my colleagues and students who by know would be senior consultants and healthcare managers to stretch your imaginations and estimate the destruction it will owe us and make a plan to pre-empt. Emergency preparedness, public health plans on war footings and arrangements for the same in their individual, group and organizational capacities on levels of disaster control, with surveillance, compulsory vaccination, effective case finding and reporting coupled with prompt treatment on spot is Cry of the Day.

CONFLICT OF INTEREST: It's to declare that the writer is holding a political office in current KP government. However, this article doesn't have any political motives and reflects the authors' views in context of her life long medical career.

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